



AUTHORIZATION FOR OUT OF STATE TRAVEL

State Form 823 (R6 / 5-06) Formerly G-10
Approved by the State Board of Accounts 2006

1. Agency Request Number
2. Date of request (month, day, year)

INSTRUCTIONS:

In requesting authorization for an employee to travel out of state on official business, this form must be submitted a minimum of two (2) weeks prior to date of departure. A separate form must be submitted for each employee for whom permission is requested. This form must be typed.

3. Name of agency		4. Account number		5. Employee telephone number	
6. Name of employee (last, first, middle initial)		7. Position title / grade / rating		8. If any portion of this trip to be personal vacation? If Yes, give dates <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Origin of trip		10. Destination of trip			
11. Date and time of departure		12. Date and time of return		13. Identify employees going on same trip	
14. Date and time meeting starts		15. Date and time meeting ends			
16. Purpose of travel (use this space to give reasons for the trip and why it is in the interest of the State that the travel be approved. Include the name of the company, workshop, seminar or meeting. YOU MUST ATTACH A COPY OF THE PROGRAM OR SCHEDULE INCLUDING DOCUMENTATION OF DATES, LOCATION, REGISTRATION AND LODGING.)					
ESTIMATED EXPENSES					
				RATE	AMOUNT
17. Registration Fees					\$
18. Transportation		<input type="checkbox"/> Air <input type="checkbox"/> Bus <input type="checkbox"/> Train <input type="checkbox"/> State Car			\$
		<input type="checkbox"/> Automobile (personal) _____ Miles X		.40	\$
		<input type="checkbox"/> Automobile (rental) (attach justification and costs)		\$	\$
19. Lodging (including taxes)		Number of days _____ x		\$	\$
20. Daily Subsistence (per diem)		Number of days _____ x		\$	\$
21. Other (parking, taxi, etc.)		(explain below)			\$.
22. Explanation				23. Total Estimated Cost \$ (if no expense to State, explain)	
I certify that the requested travel is in furtherance of State business except as indicated above, and that my reimbursable expenses will be limited to the amounts indicated above.					
24. Signature of traveler				Date signed (month, day, year)	
25. Signature and title of approving agency official				Date signed (month, day, year)	
AUTHORIZATION					
Authorization to travel out of state will be granted only if all approval signatures below have been acquired.				IDOA number	
Signature of Commissioner, Department of Administration				Date signed (month, day, year)	
Signature of Budget Director (if required by travel regulations)				Date signed (month, day, year)	

White-Dept. of Administration, Green-Budget Agency, Canary-Agency, Pink-Agency, Goldenrod-Originator (detach only this copy, forward all others to Dept. of Administration)